Form Approved
OMB No. 2040-0004

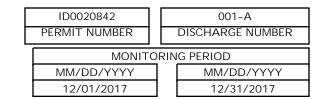
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	12.7	12.9	12.9	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	*****	*****	540	540	umho/cm		Monthly	24 Hour Composit
00094 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composit
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	337	738	lb/d	*****	27	56	mg/L	1	Three per Week	24 Hour Composit
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composit
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	217	****	mg/L		Three per Week	24 Hour Composit
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composit
рН	SAMPLE MEASUREMENT	****	****	*****	****	7.3	7.9	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	129	322	lb/d	*****	10	25	mg/L		Three per Week	24 Hour Composit
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composit
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	2442	****	mg/L		Three per Week	24 Hour Composit
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composit

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jeff Cowley Jennifer Stapleton/ City Administrator person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208) 263 - 3407 )1/17/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The weekly average BOD exceedance was the result of an unknown substance entering the plant that had a high oxygen demand. The attached pdf contains the five day report that was submitted to IDEQ regarding this upset.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 1123 WEST LAKE STREET
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	NTITY OR LOADI	NG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	21.7	21.7	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	78.34	97.12	lb/d	****	6570	7810	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.52	2.52	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	****	****	*****	****	7.89	7.89	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	****	123	123	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	3	40	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	****	****	*****		Monthly	Visual
45613 Q 0	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	*****	*****		Monthly	Visual

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The weekly average BOD exceedance was the result of an unknown substance entering the plant that had a high oxygen demand. The attached pdf contains the five day report that was submitted to IDEQ regarding this upset.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

Jennifer Stapleton/ City Administrator

TYPED OR PRINTED

NUMBER

(208) 263 - 3407

AREA Code

)1/17/201

Form Approved OMB No. 2040-0004

83864

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET

ATTN: JEFF COWLEY

SANDPOINT, ID 83864

ID0020842 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2017 12/31/2017

DMR Mailing ZIP CODE:

**MAJOR** \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	2	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.5	5.87	lb/d	*****	.04	.87	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000334	.0000334	lb/d	*****	.00287	.00287	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	87	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MO AV MN	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jeff Cowley	TELEPI	HONE	DATE
' '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-3407	)1/17/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The weekly average BOD exceedance was the result of an unknown substance entering the plant that had a high oxygen demand. The attached pdf contains the five day report that was submitted to IDEQ regarding this upset.

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83864

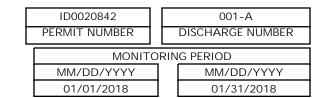
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER
External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	9.04	9.8	10.07	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	*****	*****	744	744	umho/cm		Monthly	24 Hour Composit
00094 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composit
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	625	1030	lb/d	*****	20	25	mg/L		Three per Week	24 Hour Composit
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composit
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	150	****	mg/L		Three per Week	24 Hour Composit
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composit
рН	SAMPLE MEASUREMENT	****	****	*****	****	7	8.9	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	170	253	lb/d	*****	6	8	mg/L		Three per Week	24 Hour Composit
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composit
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	153	****	mg/L		Three per Week	24 Hour Composit
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composit

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jeff Cowley Shelby Rognstad/ Mayor person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-3407 )2/15/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code NUMBER TYPED OR PRINTED MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864
FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
01/01/2018 01/31/2018

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	C	QUALITY OR CON	CENTRATION			QUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF A	ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	12	12	mg/L	M	onthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	М	onthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	34.94	41.06	lb/d	*****	1480	3000	ug/L		vice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		vice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	****	1.6	1.6	mg/L	М	onthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	М	onthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	****	****	*****	*****	5.08	5.08	mg/L	M	onthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	М	onthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	197.2	197.2	mg/L	М	onthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	М	onthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	****	8	160	#/100mL	10 p	er Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 GEO MEAN	406 INST MAX	#/100mL	10 p	er Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	****	****	****	*****	М	onthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	****	М	onthly	Visual

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day

Q=Effluent; full narrative description in Permit Part I.B.3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Shelby Rognstad/ Mayor

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)263-3407

AREA Code

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

)2/15/201

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

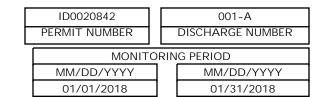
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ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	5.7	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.78	5.53	lb/d	*****	.03	.27	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000633	.0000633	lb/d	*****	.00211	.00211	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	85	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I LETT ( OWLEY	TELEPI	HONE	DATE
anolog Roghistadi Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-3407	)2/15/2018
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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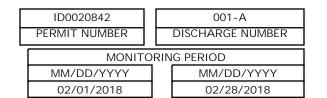
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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE:

**MAJOR** 

\$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	8.84	9.4	14.2	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	*****	****	626	626	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	386	511	lb/d	*****	19	28	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	156	****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	*****	7.1	7.9	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	****	****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	79	118	lb/d	****	3	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	130	****	mg/L		Three per	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	LETT ( OWLEV	TELEP	HONE	DATE
There's regristed mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-3407	)3/16/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day

Form Approved
OMB No. 2040-0004

83864

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

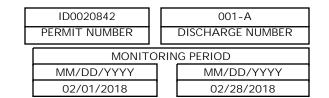
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	C	UALITY OR CON	CENTRATION			REQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	F ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	13.8	13.8	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	28.92	32.9	lb/d	*****	1510	2140	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	1.63	1.63	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	****	****	*****	*****	8.22	8.22	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	201.2	201.2	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	3	130	#/100mL	10	) per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 GEO MEAN	406 INST MAX	#/100mL	10	) per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	****	****	****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	*****	****	****		Monthly	Visual

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day

Q=Effluent; full narrative description in Permit Part I.B.3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Shelby Rognstad/ Mayor

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)263-3407

AREA Code

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

)3/16/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ll ll	D0020842		001-A
PERI	MIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
IV	IM/DD/YYYY		MM/DD/YYYY
	02/01/2018	1	02/28/2018

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	5.5	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	6.75	2.49	lb/d	****	.03	.15	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000267	.0000267	lb/d	****	.00178	.00178	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	87.6	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jeff Cowley	TELEPI	HONE	DATE
Sholly Regnistadi Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263	3-3407	)3/16/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2018 03/31/2018

DMR Mailing ZIP CODE: **MAJOR** 

83864

(SUBR 01)

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	9.29	9.2	9.5	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	*****	****	1498	1524	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	498	806	lb/d	*****	20	31	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	130	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	*****	7.3	7.7	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	129	196	lb/d	****	5	7	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	111	****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Q=Effluent; full narrative description in Permit Part I.B.3

Shelby Rognstad/ Mayor

TYPED OR PRINTED

NUMBER

(208)263-3407

AREA Code

)4/17/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

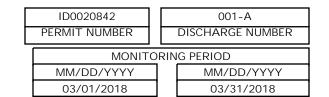
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.18	11.4	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	35.57	39.82	lb/d	*****	1500	1960	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	3.34	3.45	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	****	*****	*****	*****	6.56	6.7	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	247	274	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	4	360	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	*****	****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	****	*****		Monthly	Visual

certify under penalty of law that this document and all attachments were prepared under my

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Shelby Rognstad/ Mayor

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)263-3407

AREA Code

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

)4/17/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

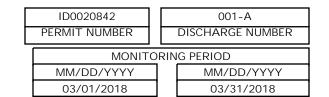
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	4	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.91	3.5	lb/d	*****	.06	.3	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000224	.0000314	lb/d	*****	.000869	.00114	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	85	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	85 MO AV MN	****	****	%		Monthly	Calculated

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I IETT COWIEV	TELEP	HONE	DATE
Shelby Rognstad/ Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-3407	)4/17/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	8.84	12.4	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.76	1.69	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I LETT ( OWLEY	TELEP	HONE	DATE
Shelby Rognstad/ Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-3407	)4/17/2018
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	11.6	9.3	12	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	*****	****	1376	1376	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	403	487	lb/d	*****	18	22	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	136	****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
рН	SAMPLE MEASUREMENT	*****	****	*****	*****	7.1	7.7	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	****	****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	125	279	lb/d	*****	5	8	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	118	****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jeff Cowley Shelby Rognstad/ Mayor person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-3407 )5/31/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Added pdf notification letter on 5/31/18

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

DMR Mailing ZIP CODE: 83864

MAJOR

(SUBR 01) PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	8.85	8.85	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	27.85	36.48	lb/d	*****	1390	1420	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	1.16	1.16	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	****	****	*****	*****	7.3	7.3	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	234.4	234.4	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	3	50	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0	N=0;Y=1	****	****	****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	*****	****	*****		Monthly	Visual

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jeff Cowley Shelby Rognstad/ Mayor person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-3407 )5/31/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Added pdf notification letter on 5/31/18

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

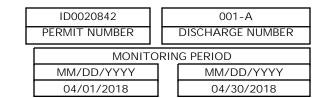
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	4.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.89	3.32	lb/d	*****	.05	.19	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.00002	.00002	lb/d	*****	.00109	.00109	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	87	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jeff Cowley	TELEPI	HONE	DATE
Sholly Regnistadi Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263	3-3407	)5/31/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Added pdf notification letter on 5/31/18

Form Approved
OMB No. 2040-0004

83864

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

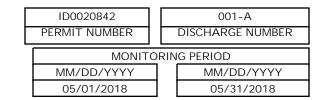
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	16.29	14.6	16.8	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	*****	*****	1313	1313	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	358	486	lb/d	*****	28	40	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	4069	*****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	****	****	7.1	7.6	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	88	184	lb/d	****	7	15	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	281	****	mg/L		Three per	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composite

Shelby Rognstad/ Mayor

Shelby Rognstad/ Mayor

Shelby Rognstad/ Mayor

Shelby Rognstad/ Mayor

TYPED OR PRINTED

direction or supervision in accordance with a system designed to assure that qualified Jeff Cowley

Jeff Cowley

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not have temperature data for the 25th to the 31st. We had two loggers in place, one will no longer power up and the others battery died on the 25th.

certify under penalty of law that this document and all attachments were prepared under my

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**TELEPHONE** 

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	34.16	34.16	mg/L		Monthly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	31.21	39.12	lb/d	****	2480	3360	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	3.519	3.519	mg/L		Monthly	24 Hour Composite
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	****	****	*****	****	13.7	13.7	mg/L		Monthly	24 Hour Composite
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	137.6	137.6	mg/L		Monthly	24 Hour Composite
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	2	30	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	****	****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	*****	****	*****		Monthly	Visual

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not have temperature data for the 25th to the 31st. We had two loggers in place, one will no longer power up and the others battery died on the 25th.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Shelby Rognstad/ Mayor

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)263-3407

AREA Code

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

)6/15/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

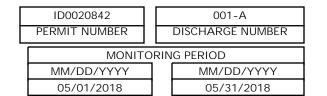
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	1.8	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.3129	1.6012	lb/d	*****	.02	.22	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000209	.0000209	lb/d	*****	.00139	.00139	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	91	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IETT COWIEV	TELEPI	HONE	DATE
Sholly Regnistadi Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-3407	)6/15/2018
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We do not have temperature data for the 25th to the 31st. We had two loggers in place, one will no longer power up and the others battery died on the 25th.

Form Approved OMB No. 2040-0004

83864

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842 001-E PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2018 05/31/2018

DMR Mailing ZIP CODE: **MAJOR** 

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	****	*****	*****	< .01	< .01	ug/L		Once per Report Period	Composite Grab
00718 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	Composite Grab
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	****	****	*****	****	< .01	< .01	ug/L		Once per Report Period	Composite Grab
00718 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Report Period	
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	1.08	1.1	ug/L		Once per Report Period	24 Hour Composite
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Once per Report Period	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
00978 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Once per Report Period	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	1.09	1.2	ug/L		Once per Report Period	24 Hour Composite
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	2.19	2.36	ug/L		Once per Report Period	24 Hour Composite
01074 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Silver total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

General: Permit Part I.B.11 gives sampling procedures; report on May DMR

P=Influent; Permit Part I.B.10 gives sampling procedures Q=Effluent; Permit Part I.B.10 gives sampling procedures

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Shelby Rognstad/ Mayor

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)263-3407

AREA Code

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

)6/15/201

Form Approved
OMB No. 2040-0004

83864

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER
External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Silver total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01079 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	****	*****	61.9	80.9	ug/L		Once per Report Period	24 Hour Composite
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	****	****	*****	226	303	ug/L		Once per Report Period	24 Hour Composite
01094 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01113 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	< 1.22	1.46	ug/L		Once per Report Period	24 Hour Composite
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	5.63	7.56	ug/L		Once per Report Period	24 Hour Composite
01114 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Period	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jeff Cowley Shelby Rognstad/ Mayor person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-3407 )6/15/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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P=Influent; Permit Part I.B.10 gives sampling procedures Q=Effluent; Permit Part I.B.10 gives sampling procedures

Form Approved OMB No. 2040-0004

83864

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842 001-E PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2018 05/31/2018

DMR Mailing ZIP CODE: **MAJOR** 

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN <sup>*</sup>	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	ug/L		Once per Report Perioc	24 Hour Composite
01118 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Perioc	24 Hour Composite
Chromium, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	< 1.29	1.37	ug/L		Once per Report Period	24 Hour Composite
01118 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Perioc	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	6.89	7.28	ug/L		Once per Report Period	24 Hour Composite
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Perioc	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	96.2	170	ug/L		Once per Report Period	24 Hour Composite
01119 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Perioc	24 Hour Composite
Chromium, hexavalent dissolved [as Cr]	SAMPLE MEASUREMENT	****	****	****	****	< 3.02	7.05	ug/L		Once per Report Period	24 Hour Composite
01220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Perioc	24 Hour Composite
Chromium, hexavalent dissolved [as Cr]	SAMPLE MEASUREMENT	****	****	****	****	< 1	< 1	ug/L		Once per Report Period	24 Hour Composite
01220 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Perioc	24 Hour Composite
Mercury, total recoverable	SAMPLE MEASUREMENT	*****	*****	****	*****	.0657	.088	ug/L		Once per Report Period	24 Hour Composite
71901 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. INST MAX	ug/L		Once per Report Perioc	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jeff Cowley Shelby Rognstad/ Mayor person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-3407 )6/15/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

General: Permit Part I.B.11 gives sampling procedures; report on May DMR

P=Influent; Permit Part I.B.10 gives sampling procedures Q=Effluent; Permit Part I.B.10 gives sampling procedures

Form Approved
OMB No. 2040-0004

83864

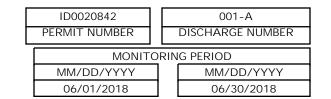
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	18.87	18.4	20.62	deg C		Continuous	Recorde (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorde (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	****	*****	1313	1313	umho/cm		Monthly	24 Houi Composi
00094 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composi
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	171	249	lb/d	*****	16	22	mg/L		Three per Week	24 Hour Composi
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composi
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	354	*****	mg/L		Three per Week	24 Hour Composi
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composi
Н	SAMPLE MEASUREMENT	****	****	*****	*****	7.2	7.6	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	60	75	lb/d	****	6	7	mg/L		Three per Week	24 Hour Composi
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composi
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	341	****	mg/L		Three per Week	24 Houi Composi
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composi

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Both temperature loggers we had in place failed in May and the fact was not discovered until June 6th. Our data for June started on the 6th at 10am.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Amanda Wilson/ Public Works Director

TYPED OR PRINTED

NUMBER

(208)263-3407

AREA Code

)7/20/201

Form Approved OMB No. 2040-0004

83864

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864 FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET

ATTN: JEFF COWLEY

SANDPOINT, ID 83864

ID0020842 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2018 06/30/2018

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	C	QUALITY OR CON	CENTRATION		NO. FREQUENC	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYS	IS TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	34.16	34.16	mg/L	Monthly	24 Hour Composit
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	24 Hour Composit
Phosphate, ortho, dissolved [as P]	SAMPLE MEASUREMENT	****	****	****	****	3.519	3.519	mg/L	Monthly	24 Hour Composit
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	24 Hour Composit
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.7	14.7	mg/L	Monthly	24 Hour Composit
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	24 Hour Composit
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	137.6	137.6	mg/L	Monthly	24 Hour Composit
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	24 Hour Composit
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	****	*****	3	10	#/100mL	10 per Mon	th Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	126 GEO MEAN	406 INST MAX	#/100mL	10 per Mon	th Grab
Floating solids, waste or visible Foam-visual	SAMPLE MEASUREMENT	****	0	N=0;Y=1	*****	****	*****	*****	Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****	Monthly	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	1.4	MGD	*****	****	****	*****	Continuou	s Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****	Continuou	s Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Both temperature loggers we had in place failed in May and the fact was not discovered until June 6th. Our data for June started on the 6th at 10am.

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Amanda Wilson/ Public Works Director

TYPED OR PRINTED

NUMBER

(208)263-3407

AREA Code

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

)7/20/201

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

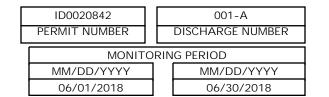
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.15638	.5421	lb/d	****	.02	.05	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.00003	.00003	lb/d	****	.00257	.00257	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	95	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jeff Cowley	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-3407	)7/20/2018
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Both temperature loggers we had in place failed in May and the fact was not discovered until June 6th. Our data for June started on the 6th at 10am.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET

ATTN: JEFF COWLEY

SANDPOINT, ID 83864

ID0020842 001-C PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2018 06/30/2018

DMR Mailing ZIP CODE: 83864

**MAJOR** 

\$

(SUBR 01)

PEND OREILLE RIVER, INTERIM

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	34.34	39.47	lb/d	*****	3230	3680	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite

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Amanda Wilson/ Public Works Director	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-3407	)7/20/2018
TYPED OR PRINTED	antoniador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Issue #1 Our revised permit states "Effluent limitations for total phosphorus shall become effective August 1, 2018." Issue #2 The interim limit of 96 ppd monthly average and 125 ppd weekly average should be in effect in summer months until the compliance schedule is completed.

Form Approved
OMB No. 2040-0004

83864

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

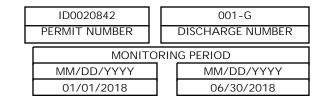
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
2,3,7,8-Tetrachlorodibenzo-p- dioxin	SAMPLE MEASUREMENT	****	****	*****	****	< 10	< 10	pg/L		Twice per Year	24 Hour Composite
03556 Q 0 See Comments	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Twice per Year	24 Hour Composite
2,3,7,8-Tetrachlorodibenzo-p- dioxin	SAMPLE MEASUREMENT	*****	****	*****	*****	< 10	< 10	pg/L		Twice per Year	24 Hour Composite
03556 R 0 See Comments	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Twice per Year	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	*****	****	*****	*****	10400	10400	pg/L		Twice per Year	24 Hour Composite
79819 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Twice per Year	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	SAMPLE MEASUREMENT	*****	****	*****	*****	556	556	pg/L		Twice per Year	24 Hour Composite
79819 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	pg/L		Twice per Year	24 Hour Composite

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PCB and TSS results submitted through the IPDES E-permitting website.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	36.9	36.9	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	2.62	2.62	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	LETT ( OWLEV	TELEP	HONE	DATE
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TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER
External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	21.81	21.8	22.53	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	****	****	956	956	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	270	lb/d	*****	17	37	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	328	****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	****	*****	7.2	7.6	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	17	68	lb/d	****	5	10	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	281	****	mg/L		Three per Week	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jeff Cowley Amanda Wilson/ Public Works Director person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-3407 )8/16/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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P=Effluent, see Table 1, note 8 for samples to be collected on the same day

Form Approved OMB No. 2040-0004

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NAME: ' SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

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LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2018 07/31/2018

DMR Mailing ZIP CODE: 83864 **MAJOR** 

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	23.66	23.66	mg/L		Monthly	24 Hour Composit
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composit
Phosphate, ortho, dissolved [as P	SAMPLE MEASUREMENT	****	*****	****	****	3.352	3.352	mg/L		Monthly	24 Hour Composit
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composit
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.8	9.8	mg/L		Monthly	24 Hour Composit
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composit
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	79.6	79.6	mg/L		Monthly	24 Hour Composit
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composit
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	3	406	#/100mL		10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible Foam-visual	SAMPLE MEASUREMENT	****	0	N=0;Y=1	****	****	****	*****		Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		Monthly	Visual
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.1	1.4	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	****	*****		Continuous	Recorder (auto)

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jeff Cowley Amanda Wilson/ Public Works Director person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-3407 )8/16/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.3174	1.2009	lb/d	****	.03	.12	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000228	.0000228	lb/d	*****	.0021	.0021	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	95	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MO AV MN	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jeff Cowley	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263	3-3407	)8/16/2018
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET

ATTN: JEFF COWLEY

SANDPOINT, ID 83864

D0020842 001-C
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2018 07/31/2018

DMR Mailing ZIP CODE: 83864

viaining Zii OODL. O

MAJOR (SUBR 01)

PEND OREILLE RIVER, INTERIM

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	38.81	71.47	lb/d	*****	4000	8570	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite

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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83864

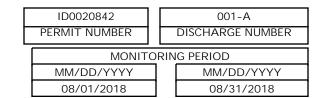
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF
ADDRESS: 1123 WEST LAKE STREET
SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	22.49	23.1	25.03	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	*****	*****	1010	1010	umho/cm		Monthly	24 Hour Composit
00094 P 0 See Comments	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	106	165	lb/d	*****	12	18	mg/L		Three per Week	24 Hour Composit
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composit
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	391	*****	mg/L		Three per Week	24 Hour Composit
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	*****	7	7.5	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	48	66	lb/d	*****	5	7	mg/L		Three per Week	24 Hour Composit
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	358	****	mg/L		Three per Week	24 Hour Composit
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composit

Amanda Wilson/ Public Works Director

Amanda Wilson/ Public Works Director

TYPED OR PRINTED

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

Jeff Cowley

(208)263-3407

Py/17/201

AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day

Form Approved OMB No. 2040-0004

83864

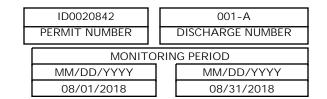
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE:

**MAJOR** 

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION						_   0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX (	OF ANALYSIS	S TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	8.44	8.44	mg/L		Monthly	24 Hour Composi
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composit
Phosphate, ortho, dissolved [as P	SAMPLE MEASUREMENT	****	****	****	****	3.5	3.5	mg/L		Monthly	24 Hour Composit
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composit
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.38	9.38	mg/L		Monthly	24 Hour Composit
00681 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composit
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	****	114	114	mg/L		Monthly	24 Hour Composit
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composit
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	3	406	#/100mL	1	10 per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	126 GEO MEAN	406 INST MAX	#/100mL	1	10 per Month	Grab
Floating solids, waste or visible Foam-visual	SAMPLE MEASUREMENT	****	0	N=0;Y=1	*****	****	****	*****		Monthly	Visual
15613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		Monthly	Visual
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.1	1.2	MGD	****	****	****	*****		Continuous	Recorde (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

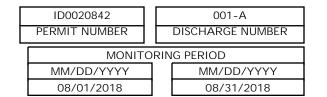
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.4912	2.336	lb/d	*****	.06	.54	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000095	.0000095	lb/d	*****	.00104	.00104	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	IETT ( OWIEV	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-3407		)9/17/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET

ATTN: JEFF COWLEY

SANDPOINT, ID 83864

DMR Mailing ZIP CODE: 8

MAJOR \$

83864

(SUBR 01)

PEND OREILLE RIVER, INTERIM

External Outfall

No Discharge

	QUANTITY OR LOADING			NG	QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	30.28	46.08	lb/d	*****	3480	5530	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXI		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	I IETT ( OWIEV	TELEPHONE		DATE
Amanda Wilson/ Public		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-3407		)9/17/2018
TYPED OR PRIN	NTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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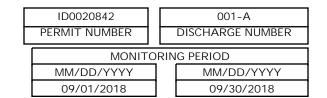
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	21.68	22.25	24.06	deg C		Continuous	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	*****	****	456	456	umho/cm		Monthly	24 Hour Composite
00094 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	101	193	lb/d	*****	12	24	mg/L		Three per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	385	****	mg/L		Three per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Three per Week	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	*****	6.5	7.4	SU		Daily	Grab
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	****	****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	33	51	lb/d	****	4	6	mg/L		Three per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	333	****	mg/L		Three per	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jeff Cowley Amanda Wilson/ Public Works Director person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-3407 0/17/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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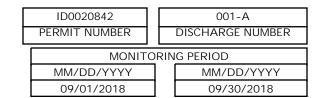
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

**MAJOR** 

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	C	QUALITY OR CON	CENTRATION		NO. FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYS	S TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	****	*****	10.11	10.11	mg/L	Monthly	24 Hour Composit
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	24 Hour Composit
Phosphate, ortho, dissolved [as P	SAMPLE MEASUREMENT	****	****	****	****	4.073	4.073	mg/L	Monthly	24 Hour Composit
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	24 Hour Composit
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.45	9.45	mg/L	Monthly	24 Hour Composit
00681 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	24 Hour Composit
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	70.1	70.1	mg/L	Monthly	24 Hour Composit
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	24 Hour Composit
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	****	*****	2	10	#/100mL	10 per Mon	h Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL	10 per Mon	rh Grab
Floating solids, waste or visible Foam-visual	SAMPLE MEASUREMENT	*****	0	N=0;Y=1	*****	****	****	****	Monthly	Visual
45613 Q 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****	Monthly	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.9	1.1	MGD	****	****	****	*****	Continuou	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****	Continuou	Recorder (auto)

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Q=Effluent; full narrative description in Permit Part I.B.3

Amanda Wilson/ Public Works Director

TYPED OR PRINTED

NUMBER

(208)263-3407

AREA Code

Jeff Cowley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

0/17/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

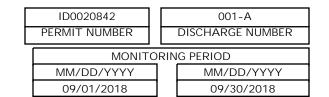
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.47876	3.85539	lb/d	*****	.06	.83	mg/L		Daily	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	*****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT	.0000106	.0000106	lb/d	*****	.00116	.00116	ug/L		Monthly	24 Hour Composite
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	*****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jeff Cowley	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-3407	0/17/2018
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent, see Table 1, note 8 for samples to be collected on the same day

Q=Effluent; full narrative description in Permit Part I.B.3

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

PEND OREILLE RIVER, INTERIM

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphorus, total [as P]	SAMPLE MEASUREMENT	39.84	55.1	lb/d	****	5000	6610	ug/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite

<b>I</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jeff Cowley	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-3407	0/17/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET

ATTN: JEFF COWLEY

SANDPOINT, ID 83864

DMR Mailing ZIP CODE:

MAJOR \$

83864

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	13.1	13.1	mg/L		Quarterly	24 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	11.222	11.222	mg/L		Quarterly	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	24 Hour Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	LETT ( OWLEV	TELEPI	HONE	DATE
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TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

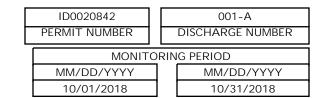
NÄME: " SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

**MAJOR** 

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADII	ΝG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****							
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Conductivity	SAMPLE MEASUREMENT	****	****	****	*****						
00094 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Monthly	24 Hour Composit
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****		****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composit
рН	SAMPLE MEASUREMENT	****	*****	*****	*****						
00400 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	6.5 INST MIN	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 MO AVG	1877 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Three per Week	24 Hour Composit
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****		*****				·
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	****	mg/L		Three per Week	24 Hour Composit

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

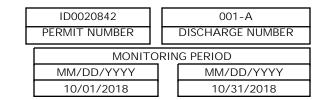
NÄME: SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY



DMR Mailing ZIP CODE: 83864

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composit
Phosphorus, total [as P]	SAMPLE MEASUREMENT				****						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	96 MO AVG	125 WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. MX WK AV	ug/L		Twice per Week	24 Hour Composite
Phosphate, ortho, dissolved [as P	SAMPLE MEASUREMENT	****	****	*****	****						·
00671 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Carbon, dissolved organic [as C]	SAMPLE MEASUREMENT	****	****	*****	****						
00681 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****						
00900 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****						·
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	126 GEO MEAN	406 INST MAX	#/100mL		10 per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
45613 Q 0 See Comments	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	*****	*****	*****		Monthly	Visual

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SANDPOINT, CITY OF ADDRESS: 1123 WEST LAKE STREET

SANDPOINT, ID 83864

FACILITY: SANDPOINT, CITY OF - SANDPOINT WWTP

LOCATION: 723 SOUTH ELLA STREET SANDPOINT, ID 83864

ATTN: JEFF COWLEY

ID0020842 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2018 10/31/2018

DMR Mailing ZIP CODE: 83864

**MAJOR** 

\$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	14.5 MO AVG	38 DAILY MX	lb/d	****	.348 MO AVG	.912 DAILY MX	mg/L		Daily	Grab
Mercury, total recoverable	SAMPLE MEASUREMENT				*****						
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.014 MO AVG	.028 DAILY MX	lb/d	****	.56 MO AVG	1.1 DAILY MX	ug/L		Monthly	24 Hour Composite
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****		*****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MO AV MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****		*****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MO AV MN	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
IVIIVI/ DD/ T T T T								

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	2.7	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.4	27.7	lb/d	*****	8.5	10.8	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	328.2	****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
РН	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.65	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15.6	20	lb/d	****	5.8	7	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	198.2	****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.5	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Tanner Weisgram Tanner Weisgram/ Operations Manage person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-0229 )1/10/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONT	ORING PERIOD						
MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY						

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	****	.074	mg/L		Monthly	8 Hour Composit
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composit
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.341	mg/L		Monthly	8 Hour Composit
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	23.3	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	6.56	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3046	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0	PERMIT REQUIREMENT	*****	****	*****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

L
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Tanner Weisgram/ Operations Manager

TYPED OR PRINTED

NUMBER

(208)263-0229

AREA Code

)1/10/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	*****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	)1/10/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

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ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	1.3	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	23	33.4	lb/d	*****	9.1	10.4	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	263.3	****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
РН	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.6	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15	20.9	lb/d	*****	6	8	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	172.3	****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	27.3	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Tanner Weisgram Tanner Weisgram/ Operations Manage person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-0229 )2/06/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

	ID0021229		001-A				
PER	RMIT NUMBER	DISCHARGE NUMBER					
	MONITORING PERIOD						
	MONITO	PRIN	IG PERIOD				
N	MONITO	ORIN	G PERIOD  MM/DD/YYYY				

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	****	****	****	.05	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.31	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	32	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	6.54	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.5167	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

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Ta		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	)2/06/2018
	TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
IVIOIVII	OKING FLKIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

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NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	1.8	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	33.5	35.4	lb/d	*****	8	8.5	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	345.8	****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	7.24	*****	7.49	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	29.2	33.4	lb/d	*****	7	8	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	131.5	****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	26	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

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j	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.154	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composit
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.301	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	32	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	4.86	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	<= 2	<= 2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4738	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tanner Weisgram/ Operations Manage

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)263-0229

AREA Code

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

)3/02/201

MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

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	PERMIT NUMBER		DISCHARGE NUMBER
ᅮ			0.050100
	MONTIC	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Г	02/01/2018	]	02/28/2018

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

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Tanner Weisgram/ Operations Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	OR (208)26	3-0229	)3/02/2018
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ATTN: TANNER WEISGRAM, OPERATIONS

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	2.8	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35.2	51.6	lb/d	****	9.6	12.9	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	232.4	****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	7.25	****	7.5	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	38.9	72.1	lb/d	****	10.4	18	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	143.2	****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	23	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.05	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.255	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	25.3	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	3.71	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4209	****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

١		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		)4/04/2018
j	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	93	*****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	Calculated

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ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

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IVIONTI	ORING PERIOD
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04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.4	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	46.1	54	lb/d	*****	11.4	13.5	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	219	****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	****	7.38	****	7.87	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	33.3	44	lb/d	*****	8.3	11	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	157.8	****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	23.2	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

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KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
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	•
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	****	*****	****	.071	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.158	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	23.9	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	3.44	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4836	****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

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Tan		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		)5/07/2018
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FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	Calculated

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Tanner Weisgram/ Operations Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263	3-0229	)5/07/2018
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MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	17.6	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20	40.9	lb/d	*****	7.3	10	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	364	****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
РН	SAMPLE MEASUREMENT	****	****	****	7.28	****	7.58	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	15	28.6	lb/d	****	5.5	7	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	197.8	****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	21	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Tanner Weisgram Tanner Weisgram/ Operations Manage person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-0229 )6/18/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.129	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	.153	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	23.7	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	3.57	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2783	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	****	%		Monthly	Calculated

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	18.9	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.4	19.5	lb/d	*****	10.9	15.6	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	400.25	****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	8 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	7.38	****	7.65	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	7.3	9.2	lb/d	*****	5	5	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	213.75	****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	29.2	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	ranner Weisgram	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263	3-0229	)7/09/2018
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.114	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.064	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	35.7	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	5.26	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.1484	****	MGD	****	****	****	*****		25 per Month	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

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ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	98	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	22.4	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	36.3	lb/d	*****	10.7	12.1	mg/L		Weekly	8 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	391.5	****	mg/L		Weekly	8 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	****	7	****	7.3	SU		Weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	25.5	33	lb/d	*****	8.5	11	mg/L		Weekly	8 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	211.5	****	mg/L		Weekly	8 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.064	mg/L		Monthly	8 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

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İ	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.161	mg/L		Monthly	8 Hour Composite
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	17.2	mg/L		Monthly	8 Hour Composite
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	5.16	mg/L		Monthly	8 Hour Composite
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	6.14	mg/L		Monthly	8 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	2	2	#/100mL		Five per Month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3386	****	MGD	****	****	****	*****		12 per Month	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	*****	*****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

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Tan	5 1 5	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	)8/06/2018
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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

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Tanner Weisgram/ Operations Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263	3-0229	)8/06/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
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MONIT MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	*****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	8 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	8 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite

certify under penalty of law that this document and all attachments were prepared under my

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person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tanner Weisgram/ Operations Manage

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(208)263-0229

AREA Code

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

19/06/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

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FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

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ID0021229	001-A
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MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	****	NODI C				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	8 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	Grab

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LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864 ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	001110 050100
MONT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	1	.1
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		)9/06/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

DID021229 001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
09/01/2018 09/30/2018

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

UNNAMED TRIB TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	NODI C	NODI C	NODI C				
00010 Q 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	*****	*****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	150 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Twice per Month	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	24 Hour Composite

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent; full narrative description in Permit Part I.B.3.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Kootenai Ponderay Sewer Weisgram/

Operations Manager

TYPED OR PRINTED

Q=Effluent, Table 2, note 5. Report Mo Inst Max, Max Daily Avg, 7 Day Running Avg of Daily Inst Max.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NUMBER

**TELEPHONE** 

(208)263-0229

AREA Code

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

0/15/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

UNNAMED TRIB TO BOYER SLOUGH

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 P 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	*****	*****		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.17 MO AVG	.17 WKLY AVG	lb/d	*****	50 MO AVG	50 WKLY AVG	ug/L		Five per Week	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Lanner Weisgram	TELEP	HONE	DATE
Operations Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	0/15/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent; full narrative description in Permit Part I.B.3.

Q=Effluent, Table 2, note 5. Report Mo Inst Max, Max Daily Avg, 7 Day Running Avg of Daily Inst Max.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

ID0021229	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
	0
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

ining zir CODL. 6364

MINOR (SUBR 01)

INTERIM NITROGEN, PHOSPHOROUS, AMM

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
00600 1 3 Effluent Gross	PERMIT REQUIREMENT	*****	482 MO TOTAL	lb/mo	*****	****	*****	*****		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
00665 1 3 Effluent Gross	PERMIT REQUIREMENT	****	108 MO TOTAL	lb/mo	****	****	****	*****		Weekly	24 Hour Composite

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Lanner Weisgram	TELEPI	HONE	DATE
Kootenai Ponderay Sewer Weisgram/ Operations Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	0/15/2018
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

General: Permit Table 4; note 1 describes Mo Total calculations

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

Γ	ID0021229		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	DRIN	IG PERIOD
	MONITO MM/DD/YYYY	ORIN	IG PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

**MINOR** (SUBR 01)

UNNAMED TRIB TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	ΝG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****							
00010 Q 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MX DA AV	Req. Mon. MX 7D AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****		****	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. DAILY MN	****	****	mg/L		Monthly	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice per Month	24 Hour Composit
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****		****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Twice per Month	24 Hour Composit
рН	SAMPLE MEASUREMENT	****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five per Week	Grab
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	150 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Twice per Month	24 Hour Composit
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				·
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	24 Hour Composit

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent; full narrative description in Permit Part I.B.3.

TYPED OR PRINTED

Q=Effluent, Table 2, note 5. Report Mo Inst Max, Max Daily Avg, 7 Day Running Avg of Daily Inst Max.

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NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

Г	ID0021229	Г	001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
7	NACNUT		
L	MONT	ORII	NG PERIOD
ŀ	MM/DD/YYYY	ORIN	NG PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

UNNAMED TRIB TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L			24 Hour Composite
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****						
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	Grab
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
45613 P 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	*****	*****		Monthly when	Visual
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.17 MO AVG	.17 WKLY AVG	lb/d	*****	50 MO AVG	50 WKLY AVG	ug/L		Five per Week	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****		****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****		****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MO AV MN	****	****	%		Monthly	Calculated

			TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Q=Effluent, Table 2, note 5. Report Mo Inst Max, Max Daily Avg, 7 Day Running Avg of Daily Inst Max.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TANNER WEISGRAM, OPERATIONS

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

INTERIM NITROGEN, PHOSPHOROUS, AMMO

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
00600 1 3 Effluent Gross	PERMIT REQUIREMENT	****	482 MO TOTAL	lb/mo	*****	****	****	*****		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****						
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	24 Hour Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

General: Permit Table 4; note 1 describes Mo Total calculations